

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90082 046 ***150.00

DOCUMENT # P00000064870

1. Entity Name
LAXMI ENTERPRISES, INC.



Principal Place of Business
**7883 MANOR FOREST BLVD
BOYNTON BEACH FL 33436**

Mailing Address
**7883 MANOR FOREST BLVD
BOYNTON BEACH FL 33436**



2. Principal Place of Business

5283 W. ATLANTIC AVE

3. Mailing Address

Suite, Apt. #, etc.

32-34

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

4. FEI Number

65-1023336

Applied For

Not Applicable

Zip

33484

Country

PALM BCH

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARUA, LAXMI

**7883 MANOR FOREST BLVD
BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Laxmi Barua*

Signature, typed or printed name of registered agent, and date (NOTE: Registered Agent signature required when reinstating)

01-06-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **BARUA, LAXMI**
CITY-ST-ZIP **7883 MANOR FOREST BLVD
BOYNTON BEACH FL 33436**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAXMI BARUA

01-06-03

Date

501-969-0421

Daytime Phone #

CR2E034 (10/02)